

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH				ARIZONA STATE BOARD OF HEALTH		BUREAU OF VITAL STATISTICS	
1. PLACE OF DEATH				County <u>Cochise</u> State <u>Arizona</u>		State File No. <u>6</u>	
Township <u>Douglas</u> City _____				or Village _____		Registered No. <u>4</u>	
(If death occurred in a hospital or institution, give its NAME instead of street and number)				No. _____ St. _____ Ward _____			
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.							
2. FULL NAME <u>Rosaria Abosta</u>							
(a) Residence: No. <u>Fairview Addition</u> St. _____ Ward _____				(If nonresident give city or town and State)			
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX <u>Female</u>		4. COLOR OR RACE <u>Mexican</u>		5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (write the word) <u>Married</u>			
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Manuel Abosta</u>							
6. DATE OF BIRTH (month, day, and year)							
7. AGE		Years <u>34</u>		Months _____ Days _____		If LESS than 1 day, _____ hrs. or _____ min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>							
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.							
10. Date deceased last worked at this occupation (month and year)				11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) (State or country) <u>Tombstone Arizona</u>							
13. NAME <u>Manuel Britenes</u>							
14. BIRTHPLACE (city or town) (State or country) <u>Not Known</u>							
15. MAIDEN NAME <u>Not Known</u>							
16. BIRTHPLACE (city or town) (State or country) <u>Not Known</u>							
17. INFORMANT <u>Manuel Abosta Jr</u> (Address) <u>Fairview Addition</u>							
18. BURIAL, CREMATION, OR REMOVAL Place <u>Douglas</u> Date <u>1-3</u> , 19 <u>32</u>							
19. UNDERTAKER (Address) <u>Douglas Arizona</u>							
20. Filed <u>1-3</u> 19 <u>32</u> <u>Blair</u>							
MEDICAL CERTIFICATE OF DEATH							
21. DATE OF DEATH (month, day, and year) <u>1-2</u> , 19 <u>32</u>							
22. I HEREBY CERTIFY, That I attended deceased from <u>12-13</u> , 19 <u>31</u> , to <u>1-2</u> , 19 <u>32</u>							
I last saw him alive on <u>1-2</u> , 19 <u>32</u> ; death is said to have occurred on the date stated above, at <u>12:00</u> m.							
The principal cause of death and related causes of importance were as follows:							
<u>Puerperal infection</u> Date of Onset <u>12-13</u> (?)							
<u>Septic thrombophlebitis</u> <u>Platral and diffuse</u> <u>Acute myocarditis (toxic)</u> <u>12-31-31</u>							
Other contributory causes of importance:							
<u>Chronic pelvic infection</u> <u>2-3 yrs</u>							
Name of operation <u>Childbirth - normal</u> Date of <u>12-13-31</u>							
What test confirmed diagnosis? <u>Chlorine</u> Was there an autopsy? <u>No</u>							
23. If death was due to external causes (violence) fill in also the following:							
Accident, suicide, or homicide? _____ Date of injury _____, 19 _____							
Where did injury occur? _____ (Specify city or town, county and State)							
Specify whether injury occurred in industry, in home, or in public place.							
Manner of injury _____							
Nature of injury _____							
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>							
If so, specify _____							
(Signed) <u>Jack Wild</u> M. D.							
(Address) <u>1060 E Ave Douglas, Ariz</u>							